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Application Data Sheet 37 CFR 1.			2 1 76	Attom	ey Doo	ocket Number WING1-41066									
				Applic	cation Number										
Title of Invention METHOD OF INDUCING HOMOLOGOUS RECOMBINATION															
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Application Typ	e	Nonprovision	onal												
Subject Matter		Utility													
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WING1-41066

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Application Data Sheet 37 CFR 1.76

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Request Not to Publish. I hereby request that the attached application not be published under 35 U.S. C. 122(b) and certify that the invention disclosed in the attached application has not and will not be the subject of an application lifed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing. Representative Information: Representative Information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing. Please Select One: © Customer Number © US Patent Practitioner Us Domestic Benefit/National Stage Information: Prior Application Number Application Number Continuity Type Prior Application Number Prior Application Number Continuity Type Prior Application Number Prior Application Number Prior Application Number Continuity Type Prior Application Number Priority Information: This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is and 37 CFR 1.55(a) Remove Application Number Country i Parent Filing Date (YYYY-MM-DD) Priority Claimed Providing this information in the application dat	Publication In	nform	nation:						
C. 122(b) and certify that the invention disclosed in the attached application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing. Representative Information: Representative Information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing. Please Select One: © Customer Number Outlie Domestic Benefit/National Stage Information: This section allows for the applicant to either claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c) or indicate National Stage entry from a PCT application. Providing this Information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a)(4), and need not otherwise be made part of the specification. Prior Application Number Continuity Type Prior Application Number Filing Date (YYYY-MM-DD) a 371 of international PCT/JP2004/012516 2004-08-31 Additional Domestic Benefit/National Stage Data may be generated within this form Add Add Remove Application Number Country i Parent Filing Date (YYYY-MM-DD) Prior YSS) Prior Application Number Country i Parent Filing Date (YYYY-MM-DD) Priority Claimed Application Number Country i Parent Filing Date (YYYY-MM-DD) Priority Claimed Add button. Providing this information in the application data sheet does not substitute for compliance with any requirement of part 3 of Title 37 of the CFR to have an assignment recorded in the Office.	Request Early	Publica	tion (Fee required at time	e of Rec	juest 37 CFR 1.219)				
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this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing. Please Select One:	Representativ	e Inf	ormation:						
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Domestic Benefit/National Stage Information: This section allows for the applicant to either claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c) or indicate National Stage entry from a PCT application. Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a)(4), and need not otherwise be made part of the specification. Prior Application Status Pending Remove Application Number Continuity Type Prior Application Number Filing Date (YYYY-MM-DD) a 371 of international PCT/JP2004/012516 2004-08-31 Additional Domestic Benefit/National Stage Data may be generated within this form by selecting the Add button. Foreign Priority Information: This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a). Remove Application Number Country i Parent Filing Date (YYYY-MM-DD) Priority Claimed 2004-052952 JP 2004-02-27 Parent Filing Date (YYYY-MM-DD) Additional Foreign Priority Data may be generated within this form by selecting the Add Add button. Assignee Information: Providing this information in the application data sheet does not substitute for compliance with any requirement of part 3 of Title 37 of the CFR to have an assignment recorded in the Office.	Please Select One:	(Customer Number	O US	Patent Practitioner (Limited Recog	nition (37 CFR 11.9)		
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Assignee 1 Remove	Providing this informa	tion in th	e application data sheet do	es not sı	ubstitute for compliance w	rith any requiremen	t of part 3 of Title 37		
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Attorney Docket Number | WING1-41066

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Application Data Sheet 37 CFR 1.76			Application Numb	er					
Title of Invention METHOD OF INDUCING HOMOLOGOUS RECOMBINATION									
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If the Assignee is a	an Orgai	nization check here.	×						
Organization Name	e Na	ational University Corpo	onal University Corporation Saitama University						
Mailing Address I	Informa	tion:							
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Address 2									
City		Saitama	Sta	te/Provir	ce				
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Signature:

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Signature	/Paul a. Serbinowski/		Date (YYYY-MM-DD)	2008-03-17					
First Name	Paul	Last Name	Serbinowski	Registration Number	34429				

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